

IN PATIENT SUMMARY BILL

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|-----------------|-----------------------|-------------|-------------------------------|
| UHID | : MMH202476607 | Bill No | : MMH/MH/IP202401023 |
| IP No | : IP2024001053 | Bill Date | : 12/05/2024 |
| Patient name | : Mr.CHANDRASEKAR R E | DOA | : 8/5/2024 1:49PM |
| Age | : 60 Y 2 M 26 D/Male | DOD | : |
| | | Entity Type | : Insurance |
| | | Entity Name | : THE NEW INDIA ASSURANCE CO. |
| Consultant Name | : Dr.BALAJI.V | TPA | : HEALTH INSURANCE TPA LTD |

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 11,275.00 |
| 3 | DIET CHARGES | ₹ 1,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,875.00 |
| 5 | EQUIPMENT | ₹ 600.00 |
| 6 | LABORATORY | ₹ 4,973.00 |
| 7 | NURSING CHARGE | ₹ 2,000.00 |
| 8 | OTHER ADDITION | ₹ 2,434.00 |
| 9 | PHARMACY CHARGE | ₹ 8,825.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 6,600.00 |
| 11 | RADIOLOGY | ₹ 3,140.00 |
| Gross Amount | | ₹ 43,572.00 |
| Sanction Amount | | ₹ 42,440.00 |
| Net Payable | | ₹ 43,572.00 |
| Advance Amount | | ₹ 43,572.00 |
| Received Amount | | ₹ 0.00 |
| Refund Amount | | ₹ 42,440.00 |

Received Amount in Words : Forty-Three Thousand Five Hundred Seventy-Two Only

SATHISH KUMAR.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|----------------|-----------------|
| 1 | 08/05/2024 | MMH/MH/RECH2024016 | CASH | Advance Amount | 5,000.00 |
| 2 | 10/05/2024 | MMH/MH/RECH2024017 | UPI | Advance Amount | 38,572.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------------------------|--------------|-----------------|
| THE NEW INDIA ASSURANCE CO. LTD | 241200045766 | 42,440.00 |